ARTS
Addiction and Recovery Treatment Services

The Centers for Medicare and Medicaid Services:
SUPPORT Act Section 1003 Grant

SUD Technical Assistance Webinar Series

VIRGINIA MEDICAID: 6—TRAUMA-INFORMED CARE

PAUL BRASLER, LCSW

DECEMBER 15, 2020

Department of Medical Assistance Services

Welcome & Meeting Information

- WebEx participants are muted
  - Please use Q&A feature for questions
  - Please use chat feature for technical issues
- Focus of today's presentation is practice-based – please Contact SUD@dmas.virginia.gov with technical or billing questions
- SUPPORT 101 Webinar Series slide decks are available on the DMAS ARTS website – www.dmas.virginia.gov/#/ARTS
- We are unable to offer CEUs for this webinar series

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- **Last revision: December 8, 2020**

Disclaimer

The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,836,765 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Pre-Webinar Survey

In conjunction with the VCU Wright Center and the VCU Institute for Drug and Alcohol Studies, we are conducting a survey for research purposes in order to gain a better understanding of provider impressions and experiences of individuals with substance use disorders (SUDs), medication assisted treatment, and Medicaid. The information obtained will be used to assist in identifying potential barriers to treating these individuals.

If you haven't already, before the start of today's webinar please use the link in the chat to access a brief (less than 5 minutes) electronic survey.

- Your name and contact information will not be linked to your survey responses.
- Your decision to complete the survey is completely voluntary.
- When exiting this webinar, you will be directed to complete the survey again as a post-training assessment. Again, it will be your decision to complete the follow-up survey or not.
- You are able to complete one pre and post survey per each webinar topic you attend.
- Your completion of the pre-webinar survey will enter you into a drawing to win a $50 Amazon gift card as well as participation in the post-webinar survey will enter you into another $50 Amazon gift card drawing!

If you have any questions about the current study, please feel free to contact, Dr. Lori Keyser-Marcus at Lori.keysermarcus@vcuhealth.org or (804) 828-4164. Thank you for helping us with this effort!

Naloxone Resources

- Get trained now on naloxone distribution
  - REVIVE! Online training provided by DBHDS every Wednesday
  - http://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive/lay-rescuer-training
  - https://getnaloxonenow.org/
    - Register and enter your zip code to access free online training
- Medicaid provides naloxone to members at no cost and without prior authorization!
- Call your pharmacy before you go to pick it up!
- Getting naloxone via mail
  - Contact the Chris Atwood Foundation
  - https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422
  - Available only to Virginia residents, intramuscular administration

Website Update

DMAS Home Page: https://www.dmas.virginia.gov/#/index

ARTS Home Page: https://www.dmas.virginia.gov/#/arts

SUPPORT Act Grant Website

https://www.dmas.virginia.gov/#/artssupport

SUPPORT Act Grant Overview

The Virginia Department of Medical Assistance Services (DMAS) was awarded the Centers for Medicare & Medicaid Services SUPPORT Act Section 1003 Grant in September 2019. The purpose of this grant is to decrease substance use disorder (SUD) provider workforce barriers and increase the treatment capacity of providers participating under the state Medicaid program to provide SUD treatment or recovery services.

Grant Goals

- Learn from Addiction and Recovery Treatment Services (ARTS) program
- Decrease barriers to enter workforce
- Focus on specific subpopulations: justice-involved members and pregnant and parenting members
- Maintain our core values: person-centered, strengths-based, recovery-oriented

Grant Components

- Needs assessment
- Strengths-based assessment
- Activities to increase provider capacity

Period of Performance

September 2019 - September 2021

Grant Email

SUPPORTgrant@dmas.virginia.gov

Information

- Virginia Medicaid Agency Awarded Federal Grant to Combat Opioid Crisis [pdf]
- Summary of Virginia's SUPPORT Act Goals and Activities [pdf]
- Accessibility Notice [pdf]

Resources

- UCSF National Clinician Consultation Center Warmline [pdf]
- COVID-19 Resource Library [pdf]

Monthly Stakeholder Meetings

- October 2020 [pdf]
- September 2020 [pdf]
- August 2020 [pdf]
- July 2020 [pdf]
- June 2020 [pdf]
- May 2020 [pdf]
- April 2020 [pdf]
- March 2020 [pdf]

Fall 2020 Webinars

- Video: How to Set Up a Preferred OBOT Webinar
- Slide Deck: How to Set Up a Preferred OBOT Webinar [pdf]
- Video: Hepatitis C Treatment Webinar
- Slide Deck: Hepatitis C Treatment Webinar [pdf]
- Fall 2020 Webinar Schedule [pdf]

SUPPORT 101 Webinars

- Session Twenty: "Novel" Substances [pdf]
- Session Nineteen: SUD & LGBTQ+ Clients [pdf]
- Session Eighteen: SUD & Legally-Involved Clients [pdf]
- Session Seventeen: Alcohol & Cannabis [pdf]
- Session Sixteen: SUD and The Family [pdf]
- Session Fifteen: SUD & Cultural Humility [pdf]
- Session Fourteen: Addressing SUD Stigma and Building Provider Empathy [pdf]
- Session Thirteen: Group Therapy Skills [pdf]
- Session Twelve: Individual Therapy Skills [pdf]
- Session Eleven: Co-Occurring Disorders [pdf]
- Session Ten: Screening and Assessment for SUD [pdf]
- Session Nine: SUD Treatment Introduction [pdf]
- Session Eight: Opioids and Stimulants Overview [pdf]
- Session Seven: Substance Use Disorders (SUD) Overview [pdf]
- Session Six: Providing Trauma-Informed Care [pdf]
- Session Five: Withdrawal Syndromes [pdf]
- Session Four: Crisis and Deescalation [pdf]
- Session Three: Suicide Assessment and Screening [pdf]
- Session Two: Client Engagement [pdf]
- Session One: Tele-Behavioral Health in the time of COVID-19 [pdf]
- Dr. Mishka Terplan - Pregnant and Postpartum Care for SUD during COVID-19 [pdf]
- Dr. Mishka Terplan - HIV and HCV Updates [pdf]
- Dr. Mishka Terplan - Chronic Pain and Addiction Treatment [pdf]

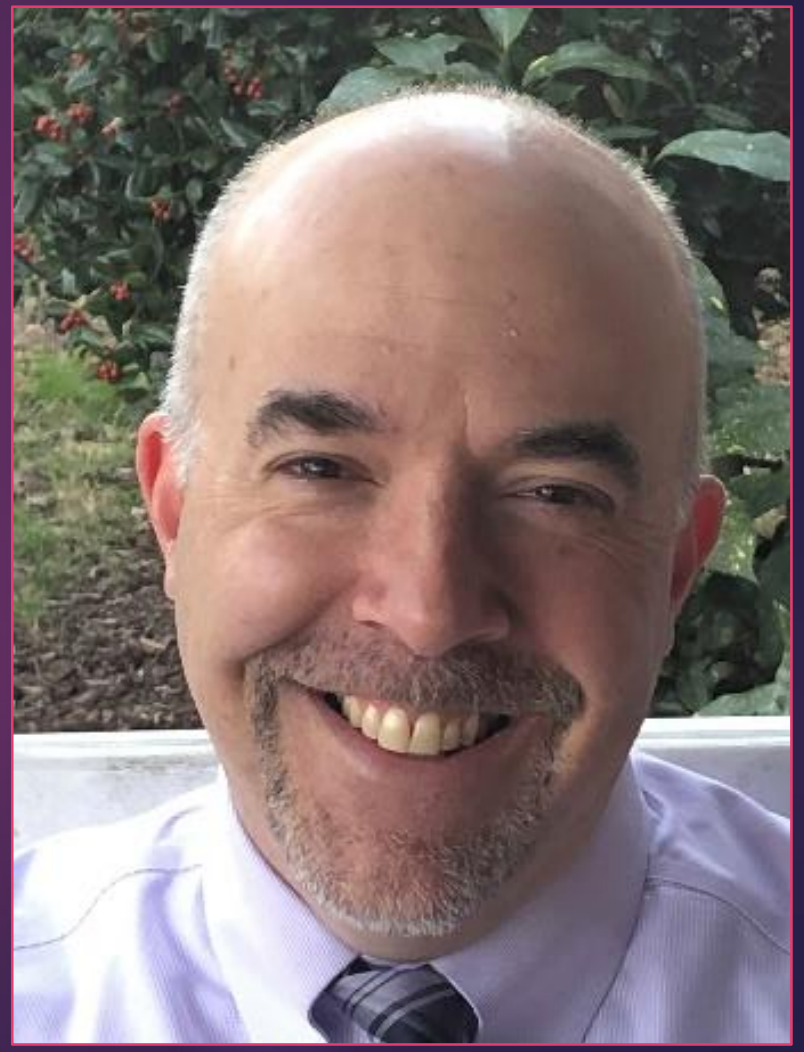
Hamilton Relay Transcriber (CC)

- The grant team has been working closely with Montserrat Serra, DMAS Civil Rights Coordinator, to provide closed captioning for our webinars and stakeholder meetings.
- We were now able to provide closed captioning through Hamilton Relay for all upcoming webinars.
- The link for transcription can be found on the Winter Webinar schedule and will be sent in the chat.

Today's Presenter

Paul Brasler, MA, MSW, LCSW
Behavioral Health Addiction Specialist, DMAS

Paul Brasler is the Behavioral Health Addictions Specialist with the SUPPORT Grant Team at DMAS. Prior to working for DMAS, Paul was the Head of Behavioral Health at Daily Planet Health Services, a Federally-Qualified Health Center in Richmond, Virginia. Paul also works in Emergency Departments conducting Psychiatric and Substance Use Disorder assessments, and in a small medical practice. He has worked in community mental health and in residential treatment settings. He is a national presenter for PESI, specializing in training for clinicians working with high risk clients. His first book, *High Risk Clients: Evidence-based Assessment & Clinical Tools to Recognize and Effectively Respond to Mental Health Crises* was published in 2019.



Contact Information

Paul Brasler:
Paul.Brasler@dmas.virginia.gov
804-401-5241

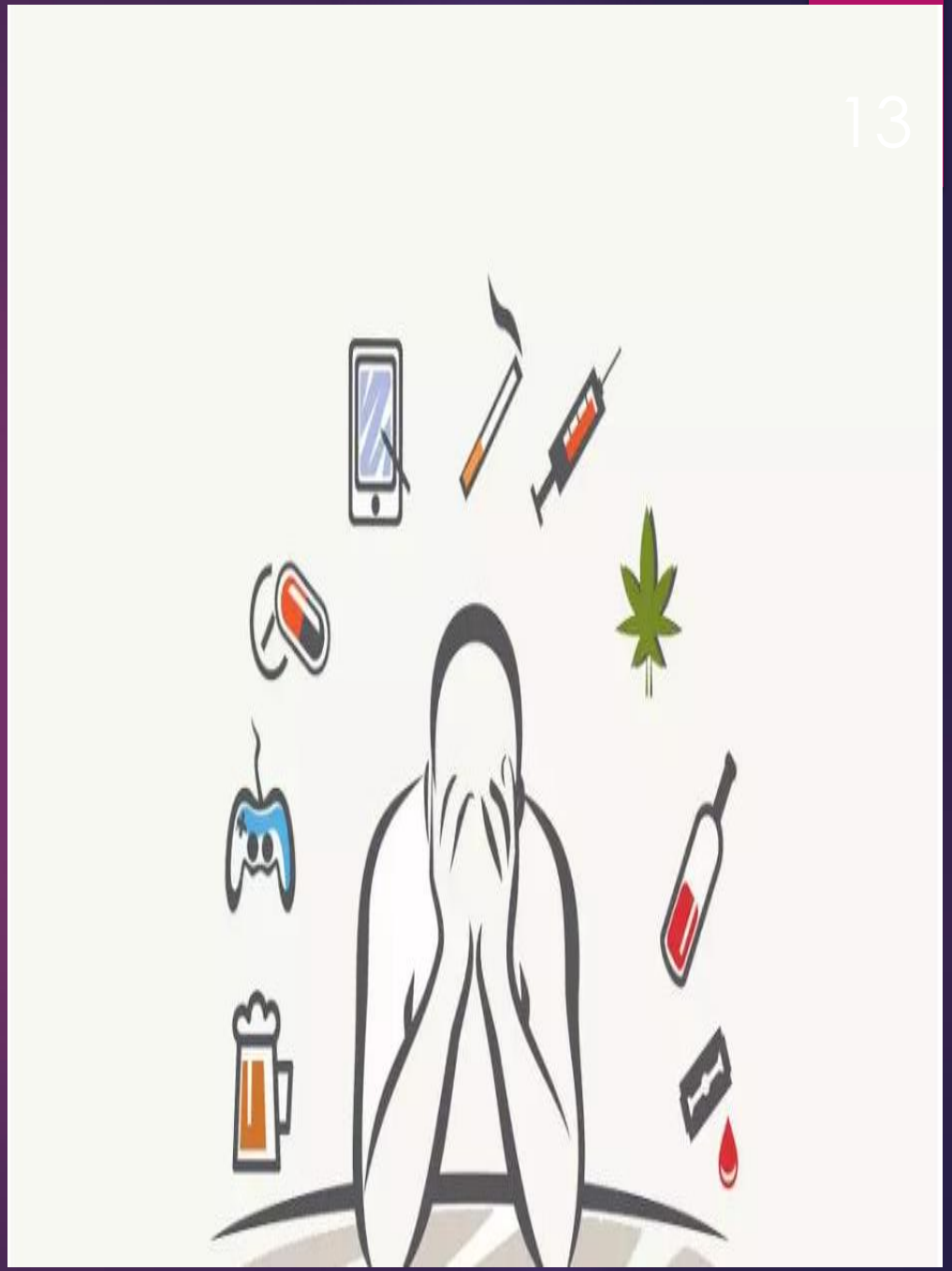
SUPPORT Act Grant Questions:
SUPPORTGrant@dmas.virginia.gov

ARTS Billing Questions
SUD@dmas.Virginia.gov

Two Important Things You Must Do Before Working with Any Client

I. **You must care!** You need to like people in general regardless of their circumstances, behaviors or opinions of you
II. **Find something to like** in the person you are working with—connect with them on a human level

NO ONE sets out to become addicted to chemicals or behaviors



Bereavement (Not Trauma)

- **Grief:** The subjective feeling as a result of a loss
- **Mourning:** The process in which grief is resolved
- **Bereavement:** Being in a state of mourning

PHASES (NOT STAGES) OF GRIEF

- **Shock and Denial** (days & weeks)
  - Disbelief, numbness, protesting, yearning
- **Acute anguish** (weeks & months)
  - Somatic problems, emotional withdrawal, anger, guilt, preoccupation
- **Loss of patterns of conduct** (weeks & months)
  - Restlessness, agitation, aimlessness, unmotivated
- **Resolution** (months & years)
  - Resume old roles, acquire new roles, re-experience pleasure

Attachment Theory

"Attachment theory recognizes that human beings are interactional and constantly impacted by our relationships and the environment around us. When the fundamental ability to connect with others is damaged, it is not surprising that some seek external emotional support and regulation from a substance. As the use of substances increases, the individual's ability to interact with others is further impaired, and the cycle of addiction is set in motion." (Fletcher, Nutton & Brend, 2015, as cited by Morgan, 2019, p. 119)

Types of Attachment

- **Secure** attachment: The caregiver responds appropriately and timely to the child's needs
- **Anxious-Ambivalent** attachment: The child's emotional needs are not met appropriately and consistently
- **Anxious-Avoidant** attachment: Parent and child appear to be detached from one another
- **Disorganized/Unresolved** attachment

Trauma Defined

"An event in which a person witnesses or experiences a threat to his or her own life or physical safety or that of others and experiences fear, terror, or helplessness. The event may also cause dissociation, confusion, and a loss of a sense of safety. Traumatic events challenge an individual's view of the world as a just, safe and predictable place."

-American Psychological Association's *Dictionary of Psychology*

Adverse Childhood Experiences

- Beginning in 1995, the ACEs studies examined the childhood experiences of over 17,000 individuals and their relationship with health outcomes in later life
- While getting physical exams, participants were asked 10 questions focused on three broad categories:
  - Abuse (physical, emotional, sexual)
  - Neglect (physical, emotional)
  - Household Dysfunction (mental illness, incarcerated relative, mother treated violently, substance abuse, divorce)

This was groundbreaking in its focus on childhood trauma as a health indicator—specifically the role that a high ACEs score indicated a marked increase in later negative health outcomes, including substance use disorder

Trauma Screening

Primary Care PTSD Screen: (Prins, et al., 2003)

"Have you ever had an experience in your life that was so frightening, horrible, or upsetting that you:"

- "Had nightmares about it or thought about it when you didn't want to?"
- "Tried hard not to think about it or went out of your way to avoid situations that remind you of it?"
- "Were constantly on guard, watchful, or easily startled?"
- "Felt numb or detached from others, activities, or your surroundings?"

Trauma Assessment

Abuse Screening:

- "Where do you live and who do you live with?"
- "What are your relationships like with each person living in your home?"
- "Do you feel safe at home?"
- "Have the police ever responded to a call at your home, if so, when was the last time this happened?"
- "Who is the one person in your life whom you feel you can count on the most? (It's okay to say you don't know or 'no one' if that is the case)"

Types of Trauma

- Verbal, physical or sexual abuse
- Emotional neglect or basic needs unmet (e.g., lack of food)
- Parental violence, separation or divorce
- Family member's substance use
- Family member's death, particularly a suicide or homicide
- Family member's incarceration
- Medical issues
- Incarceration or long-term admission to a psychiatric facility
- Primary caretaker of a family member's medical issues
- Natural or human-made disaster
- Unstable housing; homelessness
- Deployment into a combat zone
- Political refugee
- Multiple relocations
- **WHAT ELSE…?**

Think of Trauma as Physical and/or Emotional Wounds or Injuries

(Marich, 2012)

- Wounds come in all shapes and sizes
- Open wounds are visible
- Closed wounds are not
- Wounds are caused by many things
- Wounds affect individuals differently
- Wounds heal from the inside-out
- Wounds usually happen fairly quickly, but take a long time to heal

Think of Trauma as Physical and/or Emotional Wounds or Injuries

(Marich, 2012)

- Before wounds can begin to heal internally, steps must be taken to stop the initial bleeding
- Failure to receive proper treatment complicates the healing process
- Wounds can leave a variety of scars (some are permanent, some temporary; some hurt, etc.)
- The skin around a healed scar is tougher than regular skin
- No two people wound in the same way, even if they suffer the same injury

Another Way of Thinking About Trauma (Friesen et al, 2016)

TYPE A TRAUMA

- An **absence** of what a person needs:
  - Safety
  - Stability
  - Love & Nurture
  - Belonging
  - Understanding
  - Healthy boundaries

TYPE B TRAUMA

- **Presence** of something bad:
  - Physical abuse
  - Sexual abuse, assault, rape
  - Abandonment
  - Torture
  - Witnessing someone else being abused or killed

Type A + Type B = Severe Trauma

- People who experience a Type B trauma **who also experienced** a Type A trauma are **more likely** to develop lasting trauma symptoms, including PTSD
- People who experience a Type B trauma **who did not experience** a Type A trauma are **less likely** to develop lasting trauma symptoms
- People who experience Type A trauma **who do not experience** Type B trauma are typically **unaware** that they have experienced Type A trauma

Our Response to Trauma: Levels of Safety

Levels of Safety

Social Engagement: We turn to others for help. What is the individual's support system? What happened in the past when the person tried to elicit help from those around them?

Flight: We try to run away from the threat. What if the person in crisis cannot get away?

Fight: We engage the threat. What if we cannot overcome the threat?

Levels of Safety

Fawn: "Triggered when a person responds to a threat by trying to be pleasing or helpful to appease and forestall an attacker" (Walker, 2014, p. 13)

Freeze/Fold: Collapse

Freeze/Fold Response & SUD

A state of shock, numbing, immobility, de-personalization

- Children and disempowered adults are unable to fight or physically escape more powerful perpetrators
- "Holding very still," "pretending to be asleep," "not breathing," or "body going slack" can reduce or ward off a perpetrator's behavior
- The freeze response elicits a dissociative state, creating analgesia and loss of memory
  - Substances can help a person enter, or maintain this state, and create the sense that this state is "normal" long after the initial trauma
  - Substances further help people avoid feelings (good & bad) to the point that the client does not wish to feel anything

Trauma & Memory

- Traumatized people remember too little and too much
- Traumatic events seem to be recorded more easily in implicit memory
- **Implicit memory** includes behavior that you learn from conditioning or exposure to stimulus
- **State dependent recall:** When memories of trauma are experienced as sensations, similar sensations can trigger memories
- The body can remember a trauma that the conscious mind does not remember
- "Being able to move and *do* something to protect oneself is a critical factor in determining whether or not a horrible experience will leave long-lasting scars" (van der Kolk, 55)

The Costs of Misdiagnosis & Trauma

- Wasted time and resources on unnecessary treatment
- Use of ineffective medications and treatment practices
- **Attempts at treatment could further traumatize the individual**
- Stigmatization of the individual by labeling them with a chronic illness
- Delays in treating trauma can lead to the development of Posttraumatic Stress Disorder later in life

- **CASE STUDY: 9-YEAR-OLD WITH "SCHIZOPHRENIA"**

Common Trauma Mis-Diagnoses

- Bipolar Disorders
- Anxiety Disorders
- Depressive Disorders
- Psychotic Disorders
- Personality Disorders (any of them)
- Somatization Disorders
- Sleep Disorders
- Attention Deficit Hyperactivity Disorder
- Conduct Disorder or Oppositional-Defiant Disorder
- Intermittent Explosive Disorder
- Substance Use Disorders

….ANYTHING ELSE?

The Three-Stage Consensus Model of Trauma Treatment

1. ***Stabilization***
2. *Working through the trauma*
3. *Reintegration/reconnection with society*

- Clinicians often jump into **Stage Two** without ensuring that the patient has some stabilization strategies in place. It is up to the client to decide when to move beyond **Stage One**

STAGE ONE: Safety & Skill Building

- Building the **Relationship**
- Personal and **Interpersonal Safety** Established
- Psychoeducation:
  - Impact of trauma on the brain
  - How traumatic memory gets stored differently
  - Fight, Flight, Freeze and Fold
  - Flashbacks
  - Internal Locus of Control Shift
  - Dissociation
  - Link between PTSD and Substance Use Disorders
- Skill Building/Practice

Coping Skills & Affect Regulation Strategies

- **Breathing Exercises**
  - Belly breathing (in through the nose, out through the mouth)
- Pressure Points
- Yoga
- **Guided Visual Imagery** (safe place)
- Music and sound therapies
- Art therapy (and play therapy for children)
- Taste and smell (gum/candy or aromatherapy)
- **Blended sense exercises** (including journaling)

STAGE TWO: Working Through the Trauma

There are many ways to address trauma in therapy, some of which include:

- Eye-Movement Desensitization & Reprocessing
- Trauma-Focused Cognitive Behavioral Therapy
- Experiential Therapies
- Psychedelic Treatments are rapidly entering the mainstream as they demonstrate very good results:
  - Ketamine infusion
  - MDMA
  - Psilocybin

What Can We Do As a System?

- Assume that each person coming into your clinic has a history of trauma
- This means that **every person who works for your agency or practice** needs to have a basic understanding of trauma and how it manifests (i.e., Show them this training!)
- Be attentive to people as they come to the clinic: Greet them warmly
- Assess your physical spaces: Are they inviting? How easy is it for people to move around? Are areas well-lit, clean, and reasonably quiet?

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